



Entity Name:

Address:

County:

Contact Name & Title:

Email:

Phone Number:

Desired Effective Date:

General Information

List all entities to be names on the declarations as Covered Parties with brief descriptions of operations or purpose if not self-evident in name of entity:

List any operating or non-operating (lease-back) Authorities established and controlled by Applicant and indicate whether each has their own insurance program:

- 1. Has separate all-lines insurance program? Yes No
2. Has separate all-lines insurance program? Yes No
3. Has separate all-lines insurance program? Yes No

Exposure Information

Overall

Current Population:
Number of Full-time Employees:
Number of Part-time Employees:
Number of Seasonal Employees:
Total # of Employees:
Total # of Employees in Full-time Equivalents (pt, seasonal=1/2 each):
Estimated Total Payroll for Upcoming Year:



Public Works

Water utility:

Yes No

Total estimated budget: _____

Total Estimated payroll: _____

of miles of pipeline: _____

Own/operate a water treatment plant:

Yes No

Total estimated gallonage per day (GPD): _____

Sewer utility:

Yes No

Total estimated budget: _____

Total estimated payroll: _____

of miles of sewer pipeline: _____

Own/operate a wastewater treatment plant:

Yes No

Total estimated gallonage per day (GPD): _____

Electric utility

Yes No

Total estimated budget: _____

Total estimated payroll: _____

of miles of power lines: _____

Does electrical system:

Store Generate Distribute

Sources of supply if not generating power: _____

Amount purchased annually: _____

Number of customers:

Residential: _____ Commercial: _____ Industrial: _____

Gas utility:

Yes No

Total estimated budget: _____

Total estimated payroll: _____

of miles of gas pipeline: _____

Source of supply if not generating power: _____

Amount purchased annually: _____

Number of customers:

Residential: _____ Commercial: _____ Industrial: _____

Refuse collection:

Yes No

Total estimated budget: _____

Total estimated payroll: _____

Landfills or dumps:

Yes No

of Landfills or dumps: _____

of Acres: _____

Streets and Roads:

Yes No

of miles of roads: _____

Paved

Unpaved

of bridges: _____

of Traffic signals: _____

Maintain traffic signs/lights:

Yes No

Dams, levees or dikes:

Yes No

If dam exposure, PA DEP Dam #s: _____

Levees or dikes: _____

Yes No

Reservoirs: _____

Yes No

If "Yes," to any of the above, additional information will be required. Please request a Dam Supplement Application from the Trust.

Blasting operations:

Yes No

Pesticide application:

Yes No

Housing

Housing authority:

Yes No

of housing units: _____

of buildings less than four stories: _____

of buildings four stories or more: _____

Provide employee housing: _____

Yes No

If Yes, # of Units: _____



Day Care and Education

Operate a PA Licensed day care: Yes No Summer only: Yes No
of Children: _____ Age Range: _____
Operate a school or college: Yes No
Dorms or other living quarters: Yes No

Recreation

Zoos: Yes No # of Zoos: _____
Parks: Yes No # of Parks: _____
Playgrounds: Yes No # of Playgrounds: _____
Swimming pools: Yes No # of Pools: _____
of lifeguards: _____
of diving boards/platforms: _____
of waterslides: _____
Beaches/Lakes/Reservoirs: Yes No
of beaches/lakes or reservoirs: _____
of diving boards/platforms: _____
Depth of diving area at point of entry (in feet): _____
Golf Courses: Yes No
Estimated annual revenue: _____
of golf carts: _____
Operated by Applicant: Yes No
Camps: Yes No
Brief description of camp(s) if Yes:

Any overnights: Yes No
Briefly describe and advise how many per year:

Estimated # of camper days: _____

Fireworks: Yes No

of events per year: _____

Festivals or exhibitions: Yes No

Circuses fairs or carnivals: Yes No

If Yes to festivals, exhibitions, circuses, fairs or carnivals, briefly list major applicant-sponsored events:

Boat launching: Yes No

Wharves/marinas: Yes No

Skiing facilities: Yes No

Downhill: Yes No

Cross country: Yes No

Ice/Roller skating arenas: Yes No

Skateboard/rollerblade park: Yes No

of Parks: _____

Stadiums/Grandstands: Yes No

Seating more than 5,000: Yes No

Total capacity: _____

Estimated annual revenue: _____

Gymnastics: Yes No

Trampolines: Yes No

Other rebounding devices: Yes No

Child Abuse

Does the Prospective Member or any other entity to be covered have any knowledge of any past or pending claims or circumstances, or any acts, errors or omissions, related to any actual or alleged Child Abuse or the reporting or failure to report any actual or alleged Child Abuse? Yes No

For **employees** responsible for a child's welfare or having direct contact with children (e.g. lifeguards, camp counselors, recreation coaches or assistants), are the following background checks requested, reviewed, and archived prior to employment start date:

Pa. Criminal History: Yes No

Pa. Child Abuse Clearance: Yes No

FBI Criminal History: Yes No

Are new certifications obtained at least every 60 months in accordance with Pa. Child Protective Services Law (CPSL): Yes No

Are "mandated reporters" under Pa. law advised of such status and provided training: Yes No

For **child day care workers**, are the following additional checks requested, reviewed, and archived prior to employment start date:

National Crime Information Center National Sex Offender Registry: Yes No

Pa. State Sex Offender Registry: Yes No

For **volunteers** responsible for a child's welfare or having direct contact with children, are the following background checks requested, reviewed, and archived prior to first initial date of authorized contact with children:

Pa. Criminal History: Yes No

Pa. Child Abuse Clearance: Yes No

FBI Criminal History: Yes No

Above repeated within 60 months? Yes No

"Mandated reporters" provided training: Yes No

For **child day care volunteers**, are the following additional checks requested, reviewed, and archived prior to first initial date of authorized contact with children:

National Crime Information Center National Sex Offender Registry: Yes No

Pa. State Sex Offender Registry: Yes No

Watercraft and Aircraft

Own any watercraft: Yes No

Operate non-owned watercraft: Yes No

Watercraft instruction: Yes No

Own or operate an airport: Yes No

Own any aircraft: Yes No

Operate non-owned aircraft: Yes No

Own/operate any drones: Yes No

Tax Collectors

Elected/appointed official: Yes No

Name of position: _____

Amount of bond required: _____

Employee not elected or appointed: Yes No

Name of position: _____

Amount of bond required: _____

Independent contractor: Yes No

Name of firm: _____

Amount of bond required: _____

Do any employees or elected/appointed officials collect taxes for another entity: Yes No

Name of other entity(ies): _____

Type of tax collected: _____

Amount of tax collected: _____

Solicitors

Elected/appointed official: Yes No

Employee: Yes No

Independent contractor: Yes No

Errors & Omissions ins. req if not an employee: Yes No

E&Q Limit required: _____

Engineers

Elected/appointed official: Yes No

Employee: Yes No

Independent contractor: Yes No

Errors & Omissions ins. req if not an employee: Yes No

E&Q Limit required: _____

Law Enforcement

of personnel authorized to use force: _____

Est. Total Payroll for Upcoming Year for personnel authorized to use force (no admin, crossing guards or auxiliary): _____

of other law enforcement employees: _____

Written use of force policy: Yes No

Department accredited: Yes No

Accrediting commission: _____

Prison, jail or lockup facility: Yes No

Area of lockup facility: _____

of cells: _____

Capacity (Maximum # of prisoners): _____

Medical Services (other than EMS through Fire, Ambulance or Rescue)

Operate any hospitals: Yes No

Total square footage of facility: _____

Operate any nursing homes: Yes No

Total square footage of facility: _____

Total estimated revenue: _____

Operate any medical clinics: Yes No

Total square footage of facility: _____

Employed professionals: Yes No

of employed doctors: _____

of employed nurses: _____

While completing the next two sections, the Applicant should consult with the organizations providing fire, ambulance and rescue services to the Applicant's population to properly coordinate coverages. To avoid coverage gaps or duplicate coverage, Applicants are encouraged to provide documentation showing current property and liability coverage for any fire companies for which coverage from DVPLT is being requested.

Fire Protection

Paid fire department: Yes No

Volunteer fire company: Yes No

DVPLT to cover volunteer fire companies:

General Liability Yes No

Auto Liability Yes No

Auto Physical Damage: Yes No

Public Officials Liability (Directors & Officers) Yes No

Real and Personal Property: Yes No

Crime: Yes No

List all volunteer fire companies to be covered:

Provide the following **ONLY** if General Liability, Public Officials Liability and/or Crime coverages are needed:

| Name of the Volunteer Fire Company to be Covered | Total Sq. Ft. of Fire Station(s) | Estimated Annual Liquor Sales | # of Employees | # of Volunteers: |
|--|----------------------------------|-------------------------------|----------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If only General Liability (including malpractice) coverage is needed, advise if emergency medical services are provided by fire company(ies)?

Yes No

of employed

of volunteer

paramedics/EMT's: _____

paramedics/EMT's: _____

Emergency Medical Services

Paid ambulance corps: Yes No

Volunteer ambulance corps: Yes No

DVPLT to cover volunteer ambulance corps:

General Liability Yes No

Auto Liability Yes No

Auto Physical Damage: Yes No

Public Officials Liability (Directors & Officers) Yes No

Real and Personal Property: Yes No

Crime: Yes No

List all volunteer ambulance corps to be covered:

Provide the following **ONLY** if General Liability, Public Officials Liability and/or Crime coverages are needed:

| Name of Paid and/or Volunteer Ambulance Corps to be Covered | # of Employed Paramedics/EMT's | # of Volunteer Paramedics/EMT's | # of All Employees | # of All Volunteers |
|---|--------------------------------|---------------------------------|--------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Cancellation or Non-Renewal

Any policy or coverage cancelled or non-renewed during the current or prior three (3) years:

Yes No

If "yes", provide details/further description below and attached the cancellation/non-renewal notice:



Please attach the following information to your application

- List of all Board or Commissions appointed or controlled by Applicant.
- Most Recent Budget for Each Entity (all Funds).
- Audited Financial Statements for Each Entity.
- Schedule or statement of Real and Personal Property (Excel preferred – Inc. Physical Location; Est. Replacement Cost Value of building and contents; Sq. Footage; Construction type; Occupancy; Sprinkler protection; Year built).
- Schedule of Mobile (Contractor’s) Equipment (Excel preferred – Inc. Year, Make and Model; Serial No.; Est. Replacement Cost Value).
- Schedule of Traffic Signals and related control equipment (Excel preferred – Inc. Location and Est. Replacement Cost Value).
- Schedule of any other special type of property (Excel preferred – Example: fine art, Inc. Phys. Location, Market or Replacement Cost Value).
- Schedule of Vehicles (Excel preferred – Inc. Year; Make; Model; VIN#; Vehicle Type; Department/Related Entity united is assigned to; and Original or Replacement Cost New; Gross Vehicle Weight).
- Schedule of watercrafts (Excel preferred – if applicable).
- Schedule of Drones (Excel preferred – if applicable).
- Prior Child Abuse accounts or narratives (if applicable).

Signature

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Delaware Valley Property and Liability Trust and its underwriting consultants, Insurance Buyers’ Council, as the basis for offering membership in the Trust and providing coverage. The Applicant will notify the Trust of any material changes to the information provided.

Signature: _____

Date: _____

